

State Form 4606 (R8 / 8-97)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1997

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

FILE NUMBER

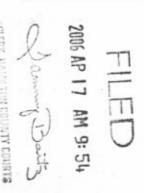
TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION		
Full name of committee (as on Statement of Organization) Check if this is a new name.		
Eckard For Township 13001		
Li riordiffit di approviatori ilatti, il diff	mittee telephone number 843 - 121	7
Mailing address (address where all campaign finance correspondence is received) Check if this	is a new address	
131 1011700) 1010	19	
CARMEL IN 46032	RePublicable)	
CANDIDATE INFORMATION (For Candidate's C	Committees Only)	
MARY ECKARD	Refublication or if independent	
	unty of residence	
CLAY TOWNSHIP DOARD	Hamilton.	
TYPE OF REPORT	CONVENTION	CANDIDATES ONLY
11. Check one:	Check one:	
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, and 20 must	I —	
Utgoing Treasurer (within 10 days amend Statement of Organization)	Post-Conventio	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN
12. Reporting period: 700 Through: 64 - 17	COLUMN A	COLUMN B
		Year to Date
13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, 48-20 0 \$\frac{1}{2}\$.	-0-	
		-0-
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions. 15a. Itemized (use Schedule A)	2356.32	2356.32
15b. Unitemized	214.00	214.00
15c. Add lines 15a, and 15b in both column subtr	02/2005	
	TAL 2570.32	2570. 32
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question; use Schedule C)	1331.32	1331.32
17b. Unitemized	21.35	21.35
17c. Add lines 17a and 17b in both columns SUBT	OTAL 21.35	21.35
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL /21765	1217.65
19. Debts OWED BY the committee (use Schedule D)	1331.32	
20. Debts OWED TO the committee (use Schedule E)		
Fav. 2009 ALLES LA ILLE CAMBINITIES (1998 SPRISORIES E)		

Signature on File

FOR OFFICE USE ONLY

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)





State Form 4606 (R8 / 8-97) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1997

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIMDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE NUMBER	
Page	DV of 10	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B- CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Lee AND WALKER COOK 533 Roxbury Noblesville In 46062	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc (specify)	/00.°°	10000	MANG Ectario
Contributor's Occupation (if required)	Contributions:	-		
10396 Orchan PK W DR	☑ Direct ☐n-Kind (describe)		00	3/10
Ind. Anpolis IN 46280	Other Receipts: Interest □Loan Misc (specify)	100	100	many Ecleano
Contributor's Occupation (if required)				
474 GRACLEDR	Contributions: Direct In-Kind (describe)	500	500	3/10
CARNEL In 46032 Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc (specify)	700	200	MALY ELKAND
	Contributions	1		
10905 West Jiel Bloo	Gontributions: Direct In-Kind (describe)	12500	00	3/3/
Ind. Anapolis In 46280 Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc (specify)	1 23	12500	Many Ec KAN
5. In: Snyder 6 Hersit CARNEL IN 4607)	Contributions: Direct In-Kind (describe)		68	4/5
CARNEL In (603)	Other Receipts: Interest □Loan □Misc (specify)	100	100	Ecilars
SUB TOTA	L THIS PAGE OF SCHEDULE A	\$ 925.00	HE WENT	
TOTAL OF ALL PAGES OF SCHEDUL (Enter total on ITEM 15a of the Summ	E A ON THE LAST PAGE ONLY			



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from safes, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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Page _	2 of 11	91

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1 MARY ECKARD 13 LA LANTER LARE CARMEL IN 46032	Contributions: Direct In-Kind (describe)	Kricu III IG 2290	133).32	4-1-06
resultation and to enter that social of e	Other Receipts: Interest Loan Misc. (specify)	1331.32	1337.72	many Course
Contributor's Occupation (if required) 2.	Contributions: Direct In-Kind (describe)			ensible
	Other Receipts: Interest Loan Misc. (specify)	AND SEASONS OF STREET	PERMITTERS	MA A PIMOJO
Contributor's Occupation (if required)			lots in line	ALL STREET
3. Marko ne vrise estenent brabbei (marko) anna.	Contributions: Direct In-Kind (describe)	ING STAGEOTS	ABY EVITABUR	BLID B AMULIC Supplies sojes
A small of the second of the control	Other Receipts: Interest Loan Misc. (specify)	to with case and and the second sections of the section sections of the second sections of the section section section sections of the section section section sections of the section section section section sections of the se	nation floor to recommend to the same of t	EVEDER ST
Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe)			Unio cayle de
C 1000 WE SET E WEST II A BUSINES TO A STORE	Other Receipts: Interest Loan Misc. (specify)	end a sudden lator of execution	OF SOLE OF SOLE OF SOLE	of econocia
Contributor's Occupation (if required)	THE PERSON NAMED IN COLUMN		2010/2020/2020	or to the state of
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$1331.32		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY	\$ 1356.00		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page _	3	of	11	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
ins woods Repl Estate 4/11 Wythe Ln Ind. Angr. C. In 40250	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	100.00	100.00	3/25 Mary Elland
2. JANG SERV GESTSING & CARDW GOTE SING ESPA INUSCIA & CARDANGE	Contributions: Direct In-Kind (describe)	droce ille le appress de appress dell'inte	e political bas are	
re so that the coll name of the contributor For an end contributors describe the checkings into t. For introduction as as	Other Receipts: Interest Loan Misc. (specify)	elmon Electronica NECELL Necellary Services		MPCR CANT
3.	Contributions: Direct In-Kind (describe)	FRICE: Errar Ba	R BIHT THUCK	A RMLLOS
bons inclui no in-land. Panetenivo in chier e tris entry in Calumb A.	Other Receipts: Interest Loan Misc. (specify)	ne strac-or a	THE THE TENT AND THE SERVICE CORRECT C	COLUMN B C
4. Per disease and committee or see water or see a second of the committee a account star of the committee a account star of the committee a account star or see a second or s	Contributions: Direct In-Kind (describe)	oth, day, and year d the check or in he contributions	din adinami (Ca diaogab settico) Lacollustros	OATE RECEIVE
or the consistee of a serie and a serie and a serie and a serie as	Other Receipts: Interest Loan Misc. (specify)	of windman with the original with a second s	miss and require	TO CONTROL
5. A STATE ON THE LAST PAGE ON IN the Line was summary traver.	Contributions: Direct In-Kind (describe)	HEDULE A ON A Sequence into	8 30 889A9 0 10 6 10 60	JA RO SATO
	Other Receipts: Interest Loan Misc. (specify)			
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State Form 4606 (R8 / 8-97) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1997

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUME	BER	
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Page	3	of _	10	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS. PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
1.	Contributions: Direct In-Kind (describe)			,
	Other Receipts: Interest Loan Misc (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts:			
3.	Contributions: Direct In-Kipd (describe)			
	Other Receipts: Interest Loan Misc (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts:			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest □Loan Misc (specify)			
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TOTAL OF ALL PAGES OF SCHEDULE A C	ON THE LAST PAGE ONLY	3 -		
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State Form 4606 (R8 / 8-97) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1997

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersion and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page _	6	of	19	_

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-King (describe)			
	Other Receipts: Interest Loan Misc (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest □Loar Misc (specify)			
3.	Contributions: Direct n-Kind (describe)			
	Other Receipts:			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest □Loan Misc (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
SUB TOTAL TH	IS PAGE OF SCHEDULE A	s —		SPACE OF THE
TOTAL OF ALL PAGES OF SCHEDULE A C	ON THE LAST PAGE ONLY			
(Enter total on ITEM 15a of the Summary S	iheet)	s	1000	M2-12 (A) (A)



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200. if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebales, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Alia tim	A 388	an e s	OTTEN	110
Page _	7	of	11	min

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
	Contributions: Direct In-Kind (describe)	ricae to pendio	pries à bos	
Prints	Other Receipts: Interest Loan Misc. (specify)	SEON CONTRACTOR	/	
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For In-little considerate, concerns the made in made i	Other Receipts: Interest Loan Misc. (specify)		O RO MOITUR SONNE PROVIDE	NTECKO RO BRY TO CHICAGO RESEARCH DESCRIPTION OF SECURITY
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	Other Receipts: Interest Loan Misc. (specify)	one remain each	PAGE OF SCH	SUBTOTAL TRIS
5.	Contributions: Direct In-Kind (describe)	Also enter this	HOZ PO ESDA A SCHWIZZ NO	A LUA RO JATON
	Other Receipts: Interest Loan Misc. (specify)			
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(Enter total on 11 E	EM 15a of the Summary Sheet)	2 0.		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER				
	,			
Page _	8 of 11			

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
AM Crican Compaign store P.U.Box 1612 Jeffers. W. 11c In 47131	Pri ster	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1149.00	1/49.00	4/,
Code Office Depot 12417 meridian EARNEL In 40032	pre. atee	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	18232	182.32	4/,
Code	PURPOSE OF ENGINEER OF THE POST OF THE POS	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		transis distribution of transis movem to go potent y top to brid, y timum	etri gendicas Typ genticas Car is no costo tro continu
Code	TOPICS AND PRODUCTS OF TOPICS OF TOP	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	er o toeth as	and the second of the second o	ene Brown II de State II de State State II de State State II de State
Code	DATE OF EXPENDITURE BE detected by the proof of the parameter date to use FOR	Oirect In-Kind Payment of Debt Returned Contribution Other Purpose:		Tel tera, book en	THE STATE OF THE S
Code	of all by the later wild property of the later wild by the later w	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	posts guarhants		
Code	orth sint early beautiful province of the same of the	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	ongse brake sand	ELB ES FE	
TOTAL OF ALL PA	SUBTOTAL THIS PAC AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of	E LAST PAGE ONLY	\$1331,32 \$1331.32		



State Form 4606 (R8 / 8-97) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1997

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

	FILE	ENUMBER	₹	
Page	q	of	11	

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

	F	UBLIC QUESTION INFORMATION			
Enter Text of Public Question					
Type of Question: Statewide Local Position: Supported Opposed	al				
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
, , , , , , , , , , , , , , , , , , , ,			PERIOD	YEAR-TO-DATE	EXPENDITURE
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		SCHEDULE C ON THE LAST PAGE ONLY the Summary Sheet)	s		



State Form 4606 (R8 / 8-97) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1997

(CFA-4 SCHEDULE D) Debts Owed by This Committee

FILE NUMBER					
Page	10 of 10				

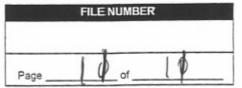
INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS PERIOD
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT		YEAR-TO-DATE	PERIOD
MARY CC ZARD		1221 22		0-	1331.32
MARY ECKHRO 136 LANTERD LN CARMEL IN 46032		1331.32		-0	1351.7
CARMOL IN 46032					
LENDERS OCCUPATION:					
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LENDERS OCCUPATION					
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TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)				s 331.32	



(CFA-4 SCHEDULE E)
DEBTS OWED TO THIS COMMITTEE

State Form 4606 (R8 / 8-97) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1997



INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS(if any) (street, number, city state, ZIP code)	ORIGINAL AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
	N	270			
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TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY (Enter total on ITEM 20 of the Summary Sheet)					s